

**Application Fee: \$300.00**

# KENTUCKY BOXING AND WRESTLING AUTHORITY

## APPLICATION FOR LICENSE

### AS A PROMOTER

**I hereby make application to be licensed as a:**

\_\_\_\_\_ **Wrestling Promoter** \_\_\_\_\_ **Mixed Martial Arts Promoter**  
 \_\_\_\_\_ **Boxing Promoter (includes Kickboxing and Elimination Events)**

**In accordance with Kentucky law, applicants for license as a promoter are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The license and renewal of license fee is \$300.00 and must be in the form of a check or money order, made payable to the Kentucky State Treasurer. No cash payments are accepted.**

**(Please Print in Ink) This form must be completed entirely. DATE: \_\_\_\_\_**

Name of Promotion

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone (Home)** \_\_\_\_\_

**Work** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Emergency** \_\_\_\_\_

|            |               |
|------------|---------------|
| <b>Fax</b> | <b>E-mail</b> |
|------------|---------------|

**Date Birth** \_\_\_\_\_ **Height** \_\_\_\_\_ **ft.** \_\_\_\_\_ **Weight** \_\_\_\_\_ **lbs.**

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**City** **State** **Zip**

**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS WILL BE RETURNED.**

05/06

**Describe your experience that would support your being granted a promoter license.**

**(Continue on a separate sheet if needed):** \_\_\_\_\_

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**Have you ever held a license to be a promoter in Kentucky?**

**\_\_\_ Yes \_\_\_ No License # \_\_\_\_\_**

**Have you ever been licensed to be a promoter in any other states?**

**\_\_\_ Yes \_\_\_ No License # \_\_\_\_\_ If yes, in what state(s) \_\_\_\_\_**

**Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please provide details.**

**Date \_\_\_\_\_ Offense \_\_\_\_\_ Court \_\_\_\_\_ Disposition \_\_\_\_\_**

**APPLICANT MUST READ THE FOLLOWING VERY CAREFULLY:**

**I hereby certify that under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:**

**Kentucky Boxing and Wrestling Authority  
P.O. Box 1360  
Frankfort, KY 40602**